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Substitute for form 1449/PTO (Revised 07/2005)									Complete if Known			
						Application Number			To be assigned			
						Filing Date			Concurrently herewith			
INFORMATION DISCLOSURE						First Named Inventor			Turner			
STATEMENT BY APPLICANT						Group Art Unit			Unknown			
(Use as many sheets as necessary)						Examiner Name			Unknown			
					Attorney Docket							
Sheet	Sheet I of I					umber			047717/311149			
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Examiner	-	Document Number Cite				Publication Date		Name of Patentee or		Pages, Columns, Lines, Where		
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^{*}Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation it not in conformance and not considered. Include copy of this form with next communication to applicant.